

UNDERGRADUATE STUDENTS TRAVEL/RESEARCH GRANT APPLICATION

DATE: _____

NAME: _____

HOME ADDRESS: _____

TYPE OF MEETING OR TRAVEL: _____

LOCATION OF MEETING: _____

DATES OF TRAVEL: _____

PURPOSE OF MEETING/TRAVEL: _____

YOUR FUNCTION AT MEETING (e.g. read paper, etc.) _____

OTHER: _____

AMOUNT REQUESTED:\$ _____

OTHER SOURCES OF SUPPORT FOR THIS TRIP:

NAME OF YOUR ADVISOR: _____

APPROVED BY: _____ DATE: _____
Director of Undergraduate Studies

APPROVED BY: _____ DATE: _____
Chairman

For Office Use Only

33 DIGITS: 370.31510. . .610556.0000.

*Please return this form to:
Cindy Jimenez, Department of Mathematics, 334 Science Center*